



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health & Mass Media

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Vol. 53 No. 17

20th – 26th Apr 2026

SRI LANKA 2026

Mumps Epidemiology in Sri Lanka (2020–2025): Surveillance, Trends and Immunity Gaps in the Context of Measles Elimination - II

This is the second article of two in a series on “Mumps Epidemiology in Sri Lanka (2020–2025): Surveillance, Trends and Immunity Gaps in the Context of Measles Elimination”

Vaccination Status and Immunity Gaps

Analysis of investigated cases among children under 12 years (n=46) in 2025 showed, 71.7% (n=33) had received age-appropriate MMR vaccination. These findings are consistent with global evidence indicating that mumps outbreaks can occur among vaccinated populations, largely due to waning immunity and high-intensity exposure settings [1,2]. No confirmed vaccine-associated mumps cases were reported and a small proportion (6- & 9-year-old children) with unknown immunization status was noticed.

Implications for Measles Elimination and Immunity Gaps

The persistence of mumps transmission has important implications for measles elimination efforts in Sri Lanka. Both measles and mumps are controlled through the two-dose measles-mumps-rubella (MMR) vaccination strategy, and both require high population immunity (>95%) to interrupt transmission [1,3].

The observed epidemiological patterns suggest the presence of immunity gaps within certain cohorts, possible accumulation of susceptible individuals over time and heterogeneity in vaccination coverage at sub-national levels. In the context of measles elimination, even small immunity gaps can lead to outbreaks. Therefore, continued mumps transmission may serve as a sentinel indicator of suboptimal population im-

munity, warranting close monitoring within elimination programmes.

Complications and Mortality

Reported complications in Sri Lanka during the review period were consistent with known clinical patterns, including occasional orchitis, pancreatitis, and mild neurological complications. Majority of cases were self-limiting and no significant increase in severe outcomes. Mumps-related mortality remains rare [2].

Public Health Implications

The persistence of mumps transmission highlights several key challenges:

- Immunity gaps despite high reported vaccination coverage
- Need for strengthened case-based and laboratory-supported surveillance
- Importance of early outbreak detection and rapid response
- Relevance of mumps epidemiology in assessing measles elimination sustainability

Recommendations

Strengthening of surveillance systems is essential to improve the completeness and timeliness of case notification (H399), enhance district-level active surveillance, and expand laboratory confirmation capacity to support accurate case detection. In parallel, immunization strategies should focus on maintaining at least 95% coverage with two doses of the measles-mumps-rubella (MMR) vaccine, identifying and addressing sub-national immunity gaps, and strengthening vaccination verification at school

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2. Summary of distribution of notified diseases reported by MOH (13 th – 19 th Apr 2026)	3
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entry. Improving data quality remains critical, with emphasis on accurate documentation of vaccination status and standardization of reporting and investigation procedures across districts. Additionally, outbreak preparedness and response should be reinforced alongside effective risk communication and community awareness initiatives.

Conclusion

Mumps remains a relevant public health concern in Sri Lanka, with continued transmission observed despite established immunization programmes. Surveillance data highlight the presence of immunity gaps and susceptibility among certain population groups.


These findings are particularly important in the context of measles elimination, as both diseases share similar transmission dynamics and vaccination strategies. Strengthening surveillance, maintaining uniformly high immunization coverage, and addressing immunity gaps will be critical to sustaining measles elimination and reducing the burden of mumps in Sri Lanka.

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References:

1. World Health Organization. *Mumps virus vaccines: WHO position paper*. Weekly Epidemiol Rec. 2017;92(7):49–60.
2. Centers for Disease Control and Prevention. *Mumps Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book)*. 14th ed. Atlanta: CDC; 2021.
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MUMPS EPIDEMIOLOGY IN SRI LANKA (2020–2025)




Surveillance, Trends and Immunity Gaps in the Context of Measles Elimination


🎯 **TAKE HOME MESSAGE**

<p>MUMPS REMAINS ACTIVE</p>  <p>Mumps transmission continues across Sri Lanka with fluctuations in reported cases during 2020–2025, affecting children and all age groups.</p>	<p>CHILDREN MOST AFFECTED</p>  <p>Children are the most affected group; however, cases occur across all ages and in both males and females, indicating widespread susceptibility.</p>	<p>IMMUNITY GAPS PERSIST</p>  <p>Among children <12 years in 2025, 71.7% had received age-appropriate MMR vaccination. Outbreaks can occur even among vaccinated individuals due to waning immunity and exposure.</p>	<p>SURVEILLANCE STRENGTHENED</p>  <p>In 2025, more cases underwent special investigation with continued inter-district variation. Strengthened case-based surveillance is essential for early detection and response.</p>	<p>RELEVANT FOR MEASLES ELIMINATION</p>  <p>Mumps and measles share the same transmission patterns and MMR vaccination strategy. Immunity gaps can undermine both disease control and elimination efforts.</p>	<p>MOST CASES ARE MILD</p>  <p>Most mumps cases are self-limiting. Complications are uncommon and mumps-related mortality remains very rare.</p>	<p>SUSTAIN HIGH IMMUNITY</p>  <p>Maintain ≥95% coverage with two doses of MMR vaccine and address sub-national immunity gaps to protect communities and sustain measles elimination.</p>
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KEY ACTIONS FOR ALL




Strengthen case-based and laboratory-supported surveillance




Ensure ≥95% coverage with two doses of MMR




Identify and address immunity gaps at sub-national level



Improve data quality and completeness of reporting (H399)




Enhance risk communication and community awareness



Epidemiology Unit
Ministry of Health
Sri Lanka

Together, let us strengthen surveillance, maintain high immunization coverage, and protect Sri Lanka from mumps and measles.



For more information visit: www.epid.gov.lk

Source: H399 Notification System, Special Investigations, Epidemiology Unit, Ministry of Health, Sri Lanka

WE CARE • WE ALERT • WE ACT

Table 1: Distribution of Notified Diseases reported by Medical Officers of Health

13th - 19th Apr 2026 (16th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poison-		Leptospirosis		Typhus		Viral Hep.		H. Rabies		Chickenpox		Meningitis		Leishman.		Tuberculosis		Leprosy		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	240	5721	0	4	0	2	0	4	0	11	2	125	0	0	0	7	0	0	3	191	0	19	0	1	15	563	1	60	90	94
Gampaha	189	3338	0	14	0	12	0	0	0	12	6	186	0	3	0	5	0	0	23	304	5	82	1	16	13	326	0	26	91	93
Kalutara	85	1458	0	15	1	3	0	6	0	6	5	159	0	5	1	9	0	0	8	281	3	22	0	1	4	178	1	32	86	93
Kandy	65	977	1	23	0	2	1	4	0	33	0	71	1	18	0	10	0	0	19	223	1	15	0	23	9	180	0	9	100	100
Matale	10	628	0	9	0	1	0	0	0	1	2	79	0	2	0	5	0	0	3	79	1	17	19	190	4	55	1	16	95	100
Nuwara Eliya	3	237	0	22	0	1	0	2	0	11	4	102	1	21	0	9	0	0	2	194	3	41	0	0	6	77	0	2	93	100
Galle	57	1777	0	9	1	3	0	4	0	35	9	197	2	14	0	8	0	0	26	386	1	49	0	2	1	129	1	15	83	100
Hambantota	25	741	1	25	0	0	0	0	0	6	5	73	0	11	0	8	0	0	3	102	1	16	17	121	1	37	1	10	41	100
Matara	85	1737	0	4	0	1	0	1	0	11	10	124	0	12	2	10	0	0	7	242	3	21	2	54	2	54	0	6	19	88
Jaffna	19	535	1	18	0	3	0	14	0	9	1	40	8	187	0	0	0	0	7	198	2	17	0	0	1	61	0	7	96	100
Kilinochchi	1	155	1	2	0	0	0	5	0	0	1	33	0	10	1	3	0	1	0	67	0	4	0	0	0	11	0	1	80	80
Mannar	1	77	0	0	0	3	0	0	0	1	0	21	0	2	0	1	0	0	1	38	0	2	0	3	3	14	0	1	100	100
Vavuniya	0	88	0	8	0	1	0	1	0	6	0	28	0	3	0	0	0	0	1	82	0	8	0	12	2	28	0	1	100	100
Mullaitivu	1	36	0	3	0	1	0	0	0	2	2	24	0	1	0	2	0	0	0	3	0	3	0	3	1	12	0	4	100	100
Batticaloa	29	682	1	29	1	4	0	2	0	15	1	69	0	0	0	7	0	0	1	130	0	16	0	10	0	51	0	40	10	100
Ampara	12	184	1	21	0	1	0	1	0	6	6	66	0	1	0	4	0	0	4	137	5	20	0	5	0	20	0	14	100	100
Trincomalee	24	311	0	10	0	2	0	2	0	6	3	37	0	7	0	2	0	0	2	72	1	15	0	11	0	51	0	3	100	100
Kurunegala	41	659	1	8	0	9	0	3	0	55	2	129	0	20	0	5	0	0	17	324	7	60	4	141	0	98	4	24	40	100
Puttalam	19	384	1	11	0	5	0	0	0	6	2	112	0	14	0	3	0	2	2	72	2	35	0	8	2	56	0	13	37	67
Anuradhapura	4	268	0	9	0	4	0	0	0	36	2	128	0	16	0	6	0	0	10	172	1	25	9	275	7	84	0	20	94	58
Polonnaruwa	3	170	0	9	0	3	0	0	0	20	7	107	0	3	1	15	0	0	6	199	2	16	2	202	1	29	3	28	100	100
Badulla	9	353	1	16	0	5	0	3	0	6	5	94	0	12	8	59	0	0	2	138	2	24	1	38	1	79	0	6	99	100
Monaragala	20	323	0	9	0	3	0	1	0	0	10	128	0	17	2	24	0	1	0	107	4	28	9	72	2	30	0	10	88	100
Ratnapura	79	1447	0	17	0	4	1	4	0	11	22	326	1	18	0	6	0	0	12	175	0	22	6	79	4	140	0	14	96	100
Kegalle	34	638	1	16	0	3	0	2	0	14	3	119	0	5	0	4	0	0	9	250	0	24	0	6	3	110	0	2	100	100
Kalmunai	24	411	0	17	0	0	0	0	1	14	1	33	0	1	0	1	0	0	7	213	0	17	0	0	4	45	1	16	100	100
SRILANKA	1079	23335	10	328	3	76	2	59	1	333	111	2610	13	403	15	213	0	4	175	4379	44	618	70	1273	86	2518	13	380	82	95

Source: WRCD module of the EPINET. T*=Timeliness refers to returns received on or before 19th Apr. 2026. C**=Completeness; A = Cases reported during the current week; B = Cumulative cases for the year. Total number of reporting units 360 C**=Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP

13th – 19th Apr 2026 (16th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2026	Number of cases during same week in 2025	Total number of cases to date in 2026	Total number of cases to date in 2025	Difference between the number of cases to date in 2026 & 2025
	W	C	S	N	E	NW	NC	U	Sab					
AFP ¹	00	01	00	00	00	00	00	00	01	02	02	27	21	28.5%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps ²	00	00	01	00	00	00	00	00	00	01	01	50	48	4.1 %
Measles ³	00	00	00	00	00	00	00	00	00	00	00	02	01	100 %
Rubella ³	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS ²	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus ²	00	00	00	00	00	00	00	00	00	00	00	01	02	-50 %
Neonatal Tetanus ²	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis ³	00	00	00	00	00	00	00	00	00	00	01	00	04	-100 %
Whooping Cough ²	00	00	00	00	00	00	00	00	00	00	00	08	09	-11.1 %

Key to Table 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Mumps, Tetanus, Neonatal Tetanus, Whooping Cough.

Special Surveillance: AFP, Measles, Rubella, CRS.

AFP¹ = No Polio cases

Mumps², CRS², Tetanus², Neonatal Tetanus², Whooping Cough²—Clinically and/ or laboratory confirmed cases

Measles³, Rubella³, Japanese Encephalitis³— Laboratory Confirmed cases

AFP—Acute Flaccid Paralysis

CRS = Congenital Rubella Syndrome

NA = Not Available

AFP and all Vaccine Preventable Diseases except Mumps should be investigated by the MOH Personally.

Number of Malaria Cases Up to End of April 2025,

02

All are Imported!!!

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiology Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@slt.net.lk. The Epidemiology Unit should be formally acknowledged in all resulting publications as the primary data source.

ON STATE SERVICE

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